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AND THE CALIFORNIA MEDICAL JOURNAL

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O. C. WELBOURN, A. M., M. D., Editor
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SUMMARY OF REPORTS
FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA		Remedies named as most useful in PNEUMONIA	
Aconite	788	Bryonia	723
Gelsemium	772	Aconite	617
Bryonia	707	Veratrum	576
Macrotys	384	Lobelia	468
Veratrum	353	Ipecac	411
Eupatorium	328	Asclepias	366
Lobelia	324	Gelsemium	293
Asclepias	268	Belladonna	169
Ipecac	236	Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example,** "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

Respectfully,

LLOYD BROTHERS.

Cincinnati, Ohio, March, 1919.

The California Eclectic Medical Journal

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Original Contributions

ONE OF THE COMPLICATIONS OF INFLUENZA

Herbert T. Webster, M. D.

A very frequent complication of influenza in my experience was sudden and unexpected attacks of hemorrhage. In two articles on the treatment of this disease I neglected to mention this complication, but my mind has reverted to it upon perusal of various articles by others on the subject of severe hemorrhage, without reference to "flu."

Early in my experience with this disease, during October or November of last year, I was called to visit a family of three children, all suffering from influenza. One of them, a boy of ten years, who had been seen by a neighboring physician, who made only a single visit, was apparently dangerously affected with epistaxis. His nose had bled almost every day at intervals, very profusely. He had a temperature of 103 F., a severe cough, and other influenza symptoms, but the alarming feature seemed to be the nasal hemorrhage, which would break out suddenly at almost any time during the twenty-four hours. When I saw him first his pillow was pretty well covered with blood. and nose still bleeding. This had been in progress almost from the first of the attack. It was permanently checked with a few doses of mangifera, and little further notice taken of the complication until several other cases in children, as well as in some adults, led me to regard it as one of the common complications of the disease.

A young married lady of San Francisco, whose husband was in the army in France, went to Sacramento and nursed a girl friend through an attack, came home in November. and was immediately taken down with a severe attack of flu. This was one of the most severe cases I encountered. Temperature 105, almost constant racking cough, extreme pros-

tration, night sweats, delirium at times, and profuse uterine hemorrhage. No sign of miscarriage, and no probability of it. The hemorrhage was readily controlled with mangifera, but friends were greatly alarmed until I could be summoned and arrived there the following day.

This was only one of the many cases of uterine hemorrhage met with during the prevalence of influenza. None were so severe, but in several cases uterine hemorrhage was noted when time for menstruation was not present.

A relative in the east was seized with a severe attack of hemorrhage of the stomach, diagnosed by her physicians as gastric ulcer. Her life was despaired of for a time. but recovery followed. It was my suspicions at the time that this was another manifestation of a complication of influenza, as the attack occurred during the prevalence of that disease.

As I understand it, gastric ulcer is a chronic disease, which is usually attended by slight hemorrhages, and if profuse attacks occur they are followed by chronic symptoms. It hardly seems probable that immediate and permanent recovery could follow a profuse hemorrhage due to ulceration of the gastric wall.

It seems to me that such hemorrhages—hemorrhages due to the influenza influence—are capillary, not liable to leave a permanent lesion, and prone to rapid recovery after the initial discharge. Slight pulmonary hemorrhage occurred in my experience in numerous cases where the cough and other pulmonary symptoms failed to warrant expectation of pneumonic conditions.

I have no explanation to offer to account for this hemorrhagic tendency in the recent epidemic of influenza. Possibly I am alone in such experience. Others may not have noticed it, but it seems to me that hemorrhage is rather common, and that it may be, in some cases, the only severe manifestation of this disease. One fact is certain, and that is that the disease has manifested itself in many unexpected ways, out of the ordinary routine.

Indeed many persons who seemingly escaped an attack are now suffering from malaise, stubborn and protracted. rheumatism, neuritis. etc. Probably they are really victims of the influenza epidemic in a masked form. I have never known so many cases of stubborn neuritis as now prevail. Neurasthenia and various other stubborn cases of nervous disease are now more than ordinarily prevalent.

ALCRESTA IPECAC

J. A. Munk. M. D.. Los Angeles, Cal.

(Read before the Los Angeles Eclectic Medical Society)

Professor John Uri Lloyd made a wonderful discovery in chemistry when he found out how to regulate the action of alkaloids by combining them with fuller's earth. or the hydrated aluminum silicate. This is particularly true of Ipecac which, under the new regime, becomes practically a new remedy.

Ipecac in its natural state is not a bad tasting medicine, but owing to its emetic properties cannot be taken in sufficient quantity to get its full therapeutic effect. In large doses it is rejected by the stomach before it reaches the intestines, which is its real sphere of action. Ten grains or more of the powdered drug acts as an emetic, which prevents it from passing into the duodenum where it can exert its curative effect.

As an emetic it is the most convenient and reliable agent that we have and is very useful for that purpose. In the past it has been used in small doses as an expectorant and as a remedy for dysentery. Because there was no way known for getting it past the stomach in large doses, its value as a medicine was greatly curtailed.

By some hitherto unknown chemical process, Doctor Lloyd discovered that when Ipecac is combined with fuller's earth, they unite to form an insoluble compound in the acid contents of the stomach, but become separated again, just as soon as they pass out of the stomach into the alkaline secretion of the intestines. Being thus made inactive in the stomach its effect is made negative until after it enters the intestinal canal, where its real healing virtues are developed.

For a long time doctors have suspected that the colon was the natural harbor for hordes of vicious microbes, that sallied forth in large numbers into the various tissues of the body, there to prey upon the health of the human frame and cause it to become diseased. It was also believed that the bacteria found in sour milk, when taken into the body with the food. acted as an antidote to these micro-organisms, and was used extensively in a vague way as a corrective for bowel troubles.

The new treatment was first tried out in the New Orleans hospitals for amebic dysentery, or bloody flux, and was found to be eminently successful, so much so indeed, that it has established a new record in the successful treatment of

that dread disease. It was also observed, incidentally, that the medicine produced an equally beneficial effect in pyorrhea, or gum disease, in the cases treated for dysentery, with which ailment a large majority of mankind seems to be afflicted. All the cases treated were noticeably improved and the gratifying results proved again that another supposedly incurable disease was made amenable to medication.

Ipecac in conjunction with Lloyd's Reagent, is prepared in tablet form and is sold under the trade name of Alcresta Ipecac. Each tablet represents ten grains of the drug or its equivalent. From one to three tablets are given at a dose three times daily. or as much as ninety grains during the twenty-four hours. The large dose, however, is used only in exceptionally bad cases. The tablets can be dissolved in water or swallowed whole and are not bad to take. They should be given on an empty stomach one half hour before meals, which facilitates their quick passage through the stomach into the bowels.

A bad case of pyorrhea presents swollen and bleeding gums, a bad breath and loose teeth. Mastication becomes uncomfortable and the bowels are obstinately constipated. If the medicine is given in full doses, in such a case it acts as a brisk cathartic in proportion to the foulness that is present in the intestinal tract. Whenever that happens the dose should be lessened or the medicine suspended for the time being, and renewed cautiously as the existing conditions may demand. Improvement takes place immediately after taking the medicine. As soon as the bowels have been emptied and cleansed by the Ipecac antiseptic treatment, constipation disappears and the bowels become regular.

The Alcresta Ipecac is not only a specific in pyorrhea, but is likewise curative in typhoid fever, dysentery, diarrhea, cholera morbus, mucous colitis, toxemia and all other forms of intestinal derangements. It acts by purifying the very fountains of life. and improving the vital functions of digestion, assimilation, and nutrition, which is conducive to longevity. It is also suggested as a potent remedy in abscess, ptomaine and blood poisoning, and every form of pustular disease, which indicates some systemic impurity.

I have experimented with this drug on myself and others and have not only had unusually favorable, but astonishingly good results in all cases. After curing myself completely of pyorrhea and, again, of an attack of ptomain poisoning, I noticed an improvement in my general health. I had been in a run down condition for some time before

taking the treatment and needed this boost to get me back into shape. There was better digestion and assimilation, with a corresponding increase in weight, and a lucky restoration to a normal avoirdupois.

In this connection I wish to say a word about my good friend Doctor Lloyd for this and other valuable discoveries in colloidal chemistry. He had a similar experience to my own at about the same time and will, I am sure, endorse my statement.

It has been his custom for years to make frequent trips from Cincinnati to Los Angeles, on which occasions we are apt to meet, and because of the renewal of our youth through his discovery. we always manage to have a good time. Sometimes our mutual friend, Doctor H. T. Webster of Oakland, Cal., also drops in, when the hilarity begins.

"We three" are nearly of the same age of seventy or more years young, and are about the only ones left of the crowd that assembled in the classic halls of the old Eclectic Medical Institute, back in the late sixties. The manner of our meeting and the facility we have for stowing away tasty French and Spanish dinners, need not surprise anybody, as we are built that way. At any rate, why worry, if the dinners help to keep us in good humor and the Alcresta Ipecac preserves us in fine fettle to meet, unafraid, whatever fate has to bestow.

ETHICAL ECONOMICS

G. Shearman Peterkin, M. D., Seattle, Washington

Prior to this war various evolutionary forces, without intelligent aid or organized assistance on the part of the medical profession, gradually compelled and are still compelling the followers of medicine into:

1. Accepting the specialist.
2. Demanding hospital facilities.
3. Associating and segregating into more or less organized groups.
4. Establishing private clinics, as the Mayo Clinic and similar institutions.
5. Establishing. as just instituted by Columbia University of New York, a still more advanced form of scientific medical organization, a clinical laboratory.

The same evolutionary forces have caused the laity:

1. To form mutual benefit organizations for the sick.

2. To demand contract practice.
3. To form hospital associations.
4. To demand state aid.
5. To demand free clinics.

In every one of these vitally important politico-economic movements. and in view of the fact that millions of men will return after the war and demand for themselves and for their families the same scientific treatment they have experienced under military organization, medicine as a profession has failed to recognize the same exciting cause in each instance—an economic demand that the theoretical standard of efficiency "Medical Ethics" must be replaced by a more practical standard, "Ethical Economics." This standard demands the application of scientific methods through economic organization to every-day life, so that efficient medical and surgical treatment will come within the reach not of the few who can receive hospital treatment in standard institutions but of every human being.

Confronted by the above politico-economic facts. a very pertinent question presents itself to the medical profession at large: What is medical organization—medical education—doing to solve these problems, at a time when an imminent reconstruction period confronts every form of organized society including the profession of medicine?

Based on observation and experience of 20 years the writer claims that virtually nothing practical has been systematically undertaken.

Nowhere is there evidence that medical organization—medical education—has ever recognized three basic psychologic facts that govern all intelligent human acts:

1. One hundred per cent. of the representatives of medicine, physicians, are human beings, and the minds of the highest and lowest are compounded of the same elements, held subject to the same laws of action; and the knowledge that any one of them possesses comes—as it does to every other human being—through the ordinary channels of the senses.

2. In the search for knowledge in every branch of human society, including medicine, science has produced innumerable mechanical aids to increase the efficiency of the senses of man. Therefore logically, all things being equal, the mind of man gathers knowledge in proportion (a) to the number of mechanical aids employed to increase the efficiency of the senses; (b) the accuracy with which these aids are employed.

3. As a rule normal human emotions govern every human being, including the physician. Therefore, if the recompense for labor does not enable the physician to carry overhead expenses; does not give him time and funds for improvement. study. travel and necessary recreation; does not produce profit that is protection for his family and for himself in sickness and old age; he can neither give efficient service nor continue to progress. If adequately recompensed he can continue to give scientific service far more readily and is more likely to progress.

Yet in the face of these obvious evolutionary politico-economic movements and the basic psychological facts that govern intelligent human action, medical education is still demanding for every individual admitted to the study of any branch of the science and art of medicine a high standard of preparatory education, insubstance a B.A. degree from a recognized educational institution.

This standard, combined with the principles of education that are employed in every medical college after admission to study is such that it can be justly claimed that the educational methods pursued tend to make the graduate physician in this work-a-dayworld pursue the practice of medicine as a pure science. that can isolate itself. that needs no association with the applied sciences. especially economics. For instance, medical education during all these years has apparently never conceived of the practical necessity of recognizing the psychological fact No. 1 as a pre-educational factor of utmost importance.

The United States Government. on the other hand, by the present war has been unceremoniously forced into recognizing its educational value—as evidenced by the first standard of admission to the aviation service, where the highest possible human skill is required in order to successfully destroy life. In this initial examination the most accurate possible physical and mental tests are employed in order to ascertain not only the inherent character and personality of the candidate, but more especially the acuteness, stability and durability of **every one** of his senses.

In the profession of medicine. however, where there is a demand, if it were possible, for even great character and personality, acuteness. stability and durability of the senses—the object of the physician being to preserve life—no recognition is given to the fact that efficiency in applying abstract knowledge depends upon the efficiency, not of one but all of the special senses.

The student of medicine may be deficient is one or more of his special senses. have little tactile sensibility, a poor sense of smell or hearing. defective eyesight, little character and no personality adaptable to a physician. Yet no tests are made to ascertain or correct these defects, and the student is graduated and permitted without any organized supervision to try to preserve—where he would not on the same grounds be permitted to destroy—life.

As to the educational value of the psychological fact No. 2, there can be no question that the mechanical aids to scientific medicine (which include all laboratory methods, even history filing and compilation may be added) have become so numerous, have so developed in detail that to attain efficiency requires not general but definite technical knowledge.

There can be no question that medicine will become organized in the future and when so organized it can be no exception to the general rule and must attain efficiency by having sub-division of labor—therefore organization of labor and equipment.

Medical education as conducted today may be ethical but it is still decidedly theoretical. Medical schools virtually only graduate officers and then only colonels. No provision is made for officers of lesser rank, for the privates in the form of technicians. For privates, we as a profession must take the unsuccessful physician, volunteer nurse, half-trained office girls, or any kind of unskilled help available, whom each physician must train for himself after his own sweet will in order to fill the ranks of scientific medicine with privates. Yet economic organization is staring the profession in the face. With this army thus organized we guarantee to defend the public from disease—then wonder why our efforts as a profession are not appreciated!,

Even the colonel, who may later wish and be willing to work for a higher rank—for instance to become a specialist—there is no institution provided where through concentration of skilled leaders, equipment, technical assistance and economic organization he can learn his specialty from A to Z, and be instructed and equipped with a modified plan of economic organization, whereby he can do justice to the public and his profession by maintaining and delivering the high standard of goods which he advertises to sell in competition with the inferior grades of the cults by attaching to his name an "M. D."

As a profession, in most of our medical colleges, we unquestionably try to manufacture a high standard of goods,

We advertise to the public that the sign "M. D". signifies the which goods must be sold in the open market to the public. highest standard. Yet as a profession have we adopted any organized means whereby we can demonstrate to the buyers, the laity, the value of standard "A" as compared with the imitation "B", to the benefit of both producer and consumer? I think not.

The public through universal education is being taught to think, to reason, yet the medical profession today, like the cults, is asking the public to accept goods on faith without investigation; and we claim as a standard science based on reason, not wholly on faith.

If the profession of medicine will not undertake to solve them for us, but with brute force and a corresponding indiscriminate destruction—unless man employs the intelligence that nature has given him to anticipate evolutionary movements, through the use of intelligence scientically applied but governed by the higher human emotions.

It is not within the limits of this letter even to outline the means to the end that experience suggests. But the old adage always proves true that where there's a will there's a way.

The object of this letter is to arouse, with your assistance, sufficient sentiment to instigate a systematic, organized movement to attain the end sought—the practical application of ethical economics; so that humanity may be efficiently served by the profession of medicine, and the profession win universal respect and attain efficiency through following out not only ethically but economically the dictates of the noblest of all the sciences.

It is possible to prove that such a movement is feasible, for if an imperfect, experimental organization, based on a belief in principles, carried on by an individual, can apply these principles of ethical economics successfully, certainly with the intelligence of the profession concentrated towards that end there can be no question of the outcome of the many economic problems confronting the science of medicine.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THAT PRESCRIPTION

Through our exchanges we learn that the controversy as to who is the rightful owner of a prescription has become pandemic again. So far we have not observed that any new arguments have been presented. The physician still contends that after consultation and examination he has given his advice for the particular matter in hand, and that as a part of these instructions he has given an order for a competent pharmacist to prepare certain drugs in a certain way and deliver the mixture to the patient. Furthermore he insists that he has not ordered it to be done more than once. The druggists contend that having complied with the orders contained in the prescription, the original prescription should be placed on file and retained by him for his protection against a possible allegation of error. This seems to be a reasonable claim, though to our personal knowledge it is the custom in France to wrap up the prescription with the medicine and thus to deliver it to the patient. The bottle or box of medicine containing no label or directions of any kind.

The patient contends that having received the prescription

with or without payment it becomes his personal property to do with as he sees fit. He alleges that he can have it filled any number of times or not at all, as his judgment or inclination may dictate. Moreover he does not hesitate to lend it to his friends to be filled and the medicine used for a condition which he or they believe to be of like character. In doing so he believes that the matter is of no concern to the physician and he is not considered, let alone consulted. Some physicians write "non repetatur" on a prescription, but its efficacy is doubtful unless there is a gentleman's agreement with the pharmacist, and this is difficult where it may be filled by any one of many. Other physicians have tried including in the prescription a minute quantity of some narcotic, thus bringing it under the provision of the Harrison law, which forbids the refilling of a prescription containing a narcotic in any quantity. Doubtless such custom would be effectual to prevent the refilling of a prescription, but it seems reasonable to suppose that when a patient insisted and demanded that a prescription be refilled the pharmacist might conclude that his own interests were best conserved by stating the reason for his refusal. A few such instances and the physician's practice would be gone because the people as a whole don't want to take "dope."

In our personal experience we have found prescription writing to be unsatisfactory, and many reasons could be given for this conclusion in addition to those mentioned above. Occasionally we write prescriptions, but we much prefer to do our own dispensing, and such is our custom. It is better for the physician and better for the patient. It is of little concern to the druggist, because he is a pharmacist only incidentally. His real business is to sell drinks, food, and notions. He calls it a drug store because such is the custom.

HEALTH AND MORALS

To any one whose thoughts pass beyond the moment, the outburst of more than carnival license that marked the behavior of the throngs who turned the announcement that the Armistice had been signed into a licentious orgy is sufficient to carry the conviction that the lessons of the War are all too poorly learned. Soldiers and sailors everywhere were urged to drink and the shameless conduct of women of otherwise respectable appearance was not only morally revolting, but extremely depressing to anyone who realizes the efforts that have been made on the part of the Army and Navy authorities and the War Camp Community Welfare Association to im-

pose some check upon the venereal peril. It is only too evident that the gravity of this peril has not yet reached a sufficient appreciation by the general public to become a real moral force. It has been argued that these excesses were confined to that usual percentage of the worthless that afflicts every community and that the size of the city accounts for the size of the drunken and licentious crowd. It has also been argued that the intoxicated soldiers and sailors were only those who were always to be found as the normal percentage of the bad among the good. Making due allowance for this argument, it must be pointed out with all possible emphasis that the spread of venereal disease depends upon precisely this factor among the population and that as they are not an isolated or segregated lot, but mingle freely with the rest of us, they are a source of peril to the good. The late Dr. Gaillard Thomas estimated that 60% of all operations upon women were done for the relief of conditions that had resulted from venereal causes and it cannot be too strongly put that the vast majority of those women have been innocent sufferers. The proportion will probably increase. The number of insane dependents of the state is constantly increasing and will continue to increase until syphilitic infections can be stamped out. When it is considered that no living human being came into this world of his own volition, the burden that rests upon parents to see that their offspring shall at least have a clean start in life assumes an appalling significance. It is the duty of every man and every woman to hold before them the clear distinctions that this problem offers. These are two: The moral and the sanitary. The restraints of the moral law are inadequate until age and its resultant experience has built up character to the point where reason and right prevail over the promptings of the flesh. As the average human being remains intensely human until he is snuffed out, it is obvious that the moral element can be effective only in a limited degree. The sanitary side, then, is clearly the point of attack. Little by little this point has gained ground in spite of the opposition of prudes who abound in both sexes and of impractical moralists who make an academic claim that sanitary prevention is merely safeguarding lewdness. If these people would apply the lesson in a concrete form they would readily acknowledge that it is better to disregard the moral quibble and to have a clean, happy and healthy daughter and wife.

There are inherent difficulties in the treatment of this problem that cannot be minimized, but they are not insurmountable. The first thing is to bring home to the entire peo-

ple the necessity for action. The next thing to mold public opinion so as to make it effective. The old fable of sowing wild oats must be gotten rid of. The lesson that sexual continence has no bearing whatever upon health must be driven home, and alcohol as a beverage must be done away with. It was no haphazard poetical dream of the Greeks and Romans that pictured Venus, Bacchus, Labidina and Priapus in the same group. Spiritualize them as you will they form a family whose offspring have required all the skill of Aesculapius to keep in restraint. This subject must be constantly agitated and steadily popularized and it is no small encouragement to find so conservative a journal as the New York Times dealing with it editorially. One cannot but regret that the Mayor of New York City, by his veto of the so-called Curfew ordinance, has helped to hinder the onward march of moral progress.—H. G. W., in Long Island Medical Journal.

CARDIAC HYPERTHROPHY AS OBSERVED IN CHRONIC NEPHRITIS

Nathaniel Bowditch Potter, M. D., New York

The frequency of a pronounced hypertrophy of the heart in kidney disease was first pointed out by Bright in 1836. It was exhibited in 23 per cent. of his cases, in most of them affecting the left ventricle, without any cardiac or aortic lesion as a cause. His theory, chemical in nature, considered that an altered condition of the blood either stimulated the heart excessively or else affected the arteries and capillaries in some way to make it more difficult for the heart to drive the blood through to the veins.

G. Johnson confirmed his findings and adopted the second possibility as an explanation, assuming that the blood is laden with impurities as a result of the renal disease, and that these poisons stimulate the arterioles to contract by way of the vasomotor nerves and so necessitate an hypertrophy of the left ventricle. His conception assumed the existence of an hypertrophy of the muscular layer of the arterioles and explained only the left ventricular hyperthrophy. In 1856 Traube advanced a purely physical theory to explain the cardiac hypertrophy which occurs in chronic nephritis. Two factors, he concluded, produce an increased aortic pressure: First, an obliteration of numerous vessels in the contracted cortex or their compression by the inflammatory exudate; second, an

increase of the amount of fluid in the arteries as a result of the lessened abstraction of water by the reduced kidney structure. In regard to the first factor, Ludwig and his followers, however, proved that an increased pressure in the renal vessels would not produce any permanent increase of the general arterial pressure (ligature of both renal arteries). As for the second factor, Traube's opponents claimed correctly that in chronic contracted kidney there was no decrease, but always an increase in the amount of water withdrawn from the blood, and in addition a diminished excretion of urine. A resulting plethora is promptly equalized by vaso-dilation and no increase of blood pressure results.

Cohnheim modified Traube's hypothesis by assuming that despite the resistance in the kidneys the same amount of blood enters the renal arterioles, and as their tonus depends on the amount of urinary substances to be eliminated there must be an abnormal resistance. In 1872 Gull and Sutton considered that a general arterio-caupillary fibrosis was the primary condition, and that both the contraction of the kidney and the hypertrophy of the heart were secondary. Although this hypothesis will explain the condition in true arterio-sclerotic kidney, it is of no value in interpreting the other forms of renal disease, nor does it account for an hyperthrophy of the right ventricle and auricles.

In 1877, Ewald found hypertrophy of the muscular layer of the systemic arterioles and suggested that the cardiac hyper trophy depended on this widespread change, and that the latter was due to the increased vicosity of the blood with excessive friction in the capillaries. The hypertrophy of the auricles and right ventricle is left unexplained by such an hypothesis, and since an accurate method for estimating the vicosity of the blood has been devised by C. Hirsch and C. Beck, no constant relation between it and increased blood pressure on the one hand and cardiac hyperthropy on the other has been observed. In 1878 v. Buhl believed both renal lesion and cardiac hypertrophy to be concomitant results of the inflammatory action on the kidney and heart of some unknown substances. He found myocarditis in 65.7 per cent. of contracted kidneys, and very often a relative narrowing of the aorta. Such cardiac hyperthropy he considered eccentric, due to a previous dilatation. His percentages have not been confirmed except in a measure by Debove and Letulle in 1880. In any event, his theory would not explain the cardiac hypertrophy of other types of renal disease. In 1880 DaCosta and Long-

streth attributed both renal disease and cardiac hypertrophy to a degenerative atrophy of the renal ganglia and of the lower cervical ganglia of the sympathetic. Senator believes such degenerations are due merely to old age. In 1878 he suggested the possibility of different causes for the cardiac hypertrophy in the various types of renal disease. In 1902, influenced by Strauss' investigations, he advanced the following: "In unfavorable cases of chronic parenchymatous nephritis and secondary contracted kidney, the retained metabolic products irritate the heart and the arterioles, causing contraction of the latter and sometimes an accompanying thickening of the walls. Hypertrophy of both sides of the heart results. The left hypertrophies more than the right, because the former not only responds by increased activity to the direct stimulation of the peripheral arteries, whereas the right ventricle suffers less because the pulmonary vessels possess so little tonus. In primary chronic interstitial nephritis the same irritation exists but acts more insidiously."

In 1900, Bier sees in the cardiac hypertrophy and the accompanying vascular changes a purely compensatory process, useful and necessary. Without it a prolongation of life would be impossible.

These in brief have been the most striking theories advanced to explain the frequent association of cardiac hypertrophy in chronic nephritis. More recently, 1905, from Krehl's clinic, M. B. Schmidt compared the blood pressure of numerous cases of nephritis during life with their histologic changes, no increase of blood pressure was increased. From the same clinic A. Loeb, in 1905, decided that the cardiac hypertrophy is secondary to increased blood pressure, that both are compensatory reactions, that the increased vascular tonus occurs when the glomeruli are imperfectly supplied with blood, either by an inflammatory process or by stasis, so that their capillaries are thereby under too low pressure for proper filtration. He does not decide whether this general vaso-constriction is brought about purely reflexly or by the retention of some poisons. In his last edition, Krehl, 1906, accepts Loeb's theory, and adds that all renal affections which do not influence the circulation are accomplished chiefly by alterations of the tubular epithelium, whereas those in which the blood pressure is raised show essentially a glomerular involvement. He believes that the increased blood pressure may be produced either reflexly or by substances which are imperfectly excreted by the damaged glomeruli. Suggestive of the latter

origin, he cites the pressure-lowering influence of a milk diet and the pressure-elevating influence of uremic conditions.

In 1905, Müller, of Munich, in discussing Loeb's theory, cites cases to show that hypertension does occur without glomerular involvement, but always accompanied by renal inadequacy. He believes that increase of blood pressure and cardiac hypertrophy are limited almost exclusively to nephritis with uremic tendencies, and concludes that the uremic poison is identical with or closely related to the substances which induce hypertension, that slightly concentrated they stimulate the vasomotor, strongly concentrated they exert a more or less profound intoxication of the central nervous system. As corroborative evidence he cites: the almost constant hypertension in uremia; the marked increase of tension and headache (uremic) following a nitrogenous meal, which tendency is practically limited to renal cases liable to uremia. He regards the possibility of some adrenal-like substance being the cause of the hypertension and suggests that, whatever the nature of the poison which increases peripheral resistance, it may also exert an irritating action on the heart muscle. The cardiac hypertrophy can not be regarded as the cause of the hypertension, but a persistence of the latter must lead to the former, because hypertension occurs very early in many cases of nephritis (scarlet fever, sublimate poisoning) long before any cardiac hypertrophy or arteriosclerosis could develop. Neither can any definite organic change in the vessel walls be supposed to cause the hypertension; because the tension especially early in nephritis oscillates so decidedly and becomes normal in acute nephritis as soon as the process has subsided.

The relations between arteriosclerosis and nephritis are complicated. Probably many poisons affect both systemic arteries and kidney structure, and the same poisons very likely also irritate the heart muscle itself and so assist in the production of an hypertrophy of its fibers. The frequent occurrence of aseptic pericarditis argues in favor of a direct toxic action on the heart. Rapidity of development and body nourishment are important factors. Hypertrophy of the heart has been noted in scarlet fever within four weeks. With an almost complete loss of kidney substance in cystic and tuberculous kidneys and with the nephritis which develops at the height of a sepsis, no hypertrophy results. Although the hypertension must be compensatory and act by increasing the current rapidity through the affected kidneys, yet it is

doubtful if the increased excretion of urine is always dependent on such a flooding (Loewi) or on a stimulation of the glandular activity. For in some cases with oliguria and edema we use no diuretic action result from salt or other diuretics (caffein, theo-bromin), although in cardiac dropsies such diuretics act surely and promptly. Perhaps in such cases the kidney structures on which these drugs should act are diseased.

In 1905, Volhard, of Geissen, also attributed the cardiac hypertrophy to an involvement of the water filtrating apparatus (the glomeruli). If increased work is thrown on this mechanism, compensation occurs in one of two ways: 1, by an increased filtering surface (extirpation of one kidney, early cases of diabetes with polyuria before cardiovascular changes have resulted; or, 2, by increasing the pressure through the filter. Rapid severe strains on this mechanism result in injury to the vessel walls and edema as in acute glomerulo-nephritis. A more insidious tax allows the cardiovascular system time to hypertrophy, and the resulting polyuria is perhaps only the expression of an excessive compensation.

During the past few years comparatively little irrefutable evidence directly bearing on this subject has been contributed by experimental medicine and pharmacology, although many pertinent questions have been investigated and partially settled, and fruitful fields for more definite information opened.

Ascoli and Figari found that in some rabbits with a unilateral ligation of the ureter nephrolysins produced generally (not, indeed, always) a marked cardiac hypertrophy, especially of the left ventricle, in from 2 to 8 weeks; again, that dogs injected with normal rabbit serum showed no variation in the blood pressure curve, while those injected with a mixture of nephrolytic rabbit serum exhibited a contraction of the peripheral vessels. Pearce's careful work throws doubt on their claim, and I have been unable to find any confirmation of their findings elsewhere. In a thorough review, Sata mentions their work, but does not comment on their conclusions. Pearce studied adrenalin poisoning in animals. After large doses, within 24 to 72 hours he found dilation of the cardiac chambers, edema of the muscles, splitting of muscle cells and acute granular degeneration. After daily doses for eleven days (animal living sixten days), the heart muscle was thickened; there was much new connective tissue distributed focally, round-cell infiltration, swelling, vacuolation, granular degeneration of muscle fibers, edema and increase of fine elastic

fibers in the new connective tissue. The orfices of the coronary arteries were obscured and obstructed (apparently by a lesion of the aorta resembling recent aorititis). He thinks these lesions have no connection with ordinary myocarditis (human), but attributes them to mechanical efforts of contracting arterioles and over-acting heart. Similar results are reported by K. Ziegler.

R. Tigerstedt gave the name of rennin to a substance which he extracted from kidneys and which, when injected into the blood, markedly raised the blood pressure, primarily by its action on the peripheral vascular nerve centers. His observations have not been confirmed as far as I know.

Richter's brilliant results in producing a typical acute glomerulo-nephritis with hydrops by injecting uran nitrate open a possibility for future research on the question under discussion. Heineke and Meyerstein, in Müller's laboratory, have confirmed Richter's experimental glomerulo-nephritis with uran nitrate.

Loewi's experiments on caffein diuresis have perhaps added additional reasons for condemning some of the older theories mentioned at the beginning of our discussion. Israel fed rabbits with increasing doses of urea for a considerable time and produced hypertrophy of both heart and kidneys.

In 1900, Cfortan, from a series of experimental injections of xanthin and hypoxanthin in rabbits, concluded that these and kindred substances produce a rise in arterial pressure, spasms and endarteritis of renal and peripheral vessels and cardiac hypertrophy of left and subsequently of the right ventricle. No confirmatory experiments are recorded so far as I know.

The beneficial action of potassium iodid in arterio-sclerosis and nephritis is now credited to its action in diminishing the viscosity of the blood. Despite the recent decided interest in nephritis and in arteriosclerosis, as well as the many experimental investigations in point, but few more facts, either pertinent or important, are worth mentioning here. To explain some of the difficulties and discrepancies in published statistics, the unfortunate lack of uniformity of classification of the different varieties of nephritis might be alluded to. Again, from the cardiac side, accurate observations were lacking until Hasenfeld, in 1897, and von Hirsch, in 1900, both from the Leipzig school, examined the hearts in 25 cases of pure interstitial nephritis. They employed Muller's careful method, weighing the individual chambers, comparing the figures with

the body weight and making allowances for the co-existence of general edema. In brief, over 75 per cent. of their cases exhibited an hypertrophy of all chambers of the heart. V. Buhl's figures were 75 per cent. Krehl, Romberg and Henschen have all noted clinical evidence in proof of such a general involvement.

From the last 18 months' autopsy records of the New York City Hospital (for which I am indebted to the kindness of my friend and colleague, Dr. Horst Oertel, and of his assistants, Drs. Symmers and Crowell) different results are obtained. Before quoting them I should mention that probably 75 per cent. of our material was derived from individuals who died above the age of 50, and that Muller's accurate method was not employed.

286 AUTOPSIES, 151 CASES OF NEPHRITIS

	Per cent. of Hyp. of L. V.	Per cent. of Hyp. of L. & R. V.	Per cent of Normal or Atro. Heart
66 chronic interstitial	30.5	11.5	58
22 arteriosclerotic interstitial	27	9	64
25 chronic parenchymatous	12	4	84

Dr. Oertel concludes that the microscopic examination of some hearts, atrophic or normal in size, indicates that a previous hypertrophy has existed. This is shown by the presence of a certain number of atrophying large muscle fibers. Both Dr. Oertel's impression and my own (substantiated by a few definite cases) agree that, in many of these cases of atrophic and normal sized hearts, patients came to autopsy in a very poor state of nutrition. Three explanations suggest themselves: 1, That the patient's power of nutrition was unequal to produce an hypertrophy. 2. That the disease developed too severely and suddenly to permit any such hypertrophy. 3. That the heart was originally hypertrophied and had become later trophic. In most of our cases more probably the last explanation was illustrated because of the co-existing atrophy of the other organs.

Any theory in explanation of all the recorded conditions, and especially Loeb's theory, must satisfy the striking peculiarity so well brought out by Councilman last year. His autopsy records showed that in amyloid disease, excepting three cases complicated by arteriosclerosis or chronic interstitial nephritis, no cardiac hypertrophy existed, despite the very decided glomerular involvement. Similar observations are numerous in chronic pyelonephritis with almost complete renal atrophy and cystic degeneration.

In an effort at compensation the patient's nutritional ca-

pacity must, I conceive, be the keystone to the successful accomplishment of such an effort. Some individuals of poor nutrition, of deficient recuperative power, perhaps due to heredity or to some acquired fault, possess neither a sufficient resistance to the drains of the renal lesion nor the reacting power to compensate the mischief by a compensatory increased tension and subsequent cardiac hypertrophy. Suggestive analogies in infection are easily adduced. We are all familiar with the progress of syphilis attacking some poorly nourished woman in whom a moderate course of mercury still further reduces her physical condition, while the husband from whom the infection was acquired readily withstands both disease and treatment. Again, Wright has several times called attention to cases of chronic staphylococcus infection with a low staphylococcic-opsonic index, in which no response of the organism can be evoked by any method of vaccination or amount of vaccine, whereas in others vaccination promptly raises the index and the patient gets well.

The only therapeutic indications to be adduced from this presentation are all so evident and so constantly applied that I hesitate to add, in conclusion: We should, of course, first and always, work against the cause, next favor hypertension, or, at least, not combat it early in the disease; then preserve and save the heart by every known method, for example, by limitation of fluids ingested, as von Noorden has so timely urged; and, finally, keep up the patient's nutrition in every way, so that as perfect and permanent a compensation as possible may result.

The importance of this in the dietetic problem of nephritis was sufficiently emphasized last year by Shattuck. It was my good fortune and that of all his pupils for the past fifteen or twenty years to hear him urge time and again the necessity of supporting the nephritic's nutrition.

LEUCOPLAKIA OF THE TONGUE

Douglas W. Montgomery, M.D., San Francisco, Cal.

The following instance of leucoplakia is interesting for several reasons: Because of its occurrence in a young man, because of its association with syphilis, and because it almost entirely cleared up under the use of radium and antisyphilis treatment.

A slightly built, rather delicate man of twenty-two years of age, called on me May 22, 1917, on account of a white patch on the left side of the tongue.

The patch was thick, leathery, and was as dead white as plaster. It was sharply circumscribed, and about 1x2 cm. in area. It gave rise to only mental discomfort. The patient said that at the age of fourteen a small "spot" appeared on the left side of the tongue below the edge. At first the spot would come and go, but from sixteen years of age it had remained permanently. At fourteen years he had had a sore on the left thigh just below the buttock, and from then on he said he had suffered from a persistent catarrh of the nose.

In the course of the examination the patient showed me a scar on the left side of the penis, just behind the sulcus, which he said arose from a venereal sore acquired at sixteen years of age.

There was no doubt the patient dated his ill health from fourteen years of age, but I am inclined to date his syphilis from sixteen. I would therefore regard the sore on the back of the thigh as a furuncle, and would ascribe the scar on the penis to his initial luetic lesion. He admitted being at that time exposed to such a contagion.

The patient also showed me a scar on the ulnar side of the left wrist, due to a purulent infection, which occurred one year previously and which he thought arose from an injury. It was impossible to tell if this was luetic.

As regards his general health, the patient was of frail build, no friend of exercise, addicted to sugar, somewhat constipated, had a palpable descending colon, and from fourteen years of age on, as previously mentioned, had a persistent catarrh of the nose. In May of the preceding year (1916) he had a purulent discharge from the eyes, with redness of the lids. Redness of the edges of the lids and sensitiveness to wind still persisted.

He had a wet mouth which was probably due to mercury, which he had been taking, although the gums were not inflamed.

He said he had never smoked, or used tobacco in any way. This is important, considering the usually, and undoubtly justly, accepted view that one of the chief causes of leucoplakia is tobacco smoke.

Just previous to consulting me, the patient had received what seemed to me to be a very inadequate antisyphilitic treatment by the mouth. In the previous January he had suffered from a severe cough from which he had not entirely recovered. Because of the cough, and because of the mild salivation, and also from a desire to get a Wasserman test

uninfluenced by mercury, no antileutic treatment was instituted at this time.

The leucoplakia was treated with radium. A dime-sized plaque containing 24.23 mg. of radium element, and screened with A1. 0.05, cotton and rubber, was applied for ten minutes on May 22, 1917, and reapplied in ten days. In two days after this last application a rather severe, quite painful reaction was obtained. In two weeks the hyperkeratosis had entirely disappeared, leaving what appeared to be a slight scar. There was now also on both sides of the tongue, but especially on the right side, an opalescent haze such as one associates with syphilis, although not definitely characteristic of it.

On June 28, his blood was found Wassermann positive, and on July 27, he received a salvarsan (0.4) infusion intravenously, and four days afterwards he began a course of intramuscular injections of grey oil.

Five weeks after the infusion of salvarsan it was noted that there was only a faint opalescent haze, irregular in shape, and with sharp boundaries, on the left side of the tongue where the leucoplakia had been, and that this haze seemed to be growing fainter.

In all, the patient received two infusions of salvarsan, one of 0.40 and one of 0.60, and twelve injections of 0.07 grey oil. This treatment extended over a period of ninety-five days. The tongue never entirely cleared up; there always remained the opalescent haze and decided local sensitiveness. This residual sensitiveness was interesting, as usually in such cases treated with radium, the sensitiveness disappears, and it indicated that there was more present in this situation, in this case, then simply leucoplakia.

Diagnosis

The dead white color, the leathery consistency, and the permanency of the patch all indicated it as a leucoplakia. It certainly was not a patch of lichen planus, or a traumatic lesion from rough teeth. A mucous patch would not be so permanent, and it would not be so thick, leathery and plaster white. Of course, the ultimate diagnosis of syphilis is another matter, as there are those who believe that leucoplakia is always a manifestation of syphilis (Landousy, Gougerot).

The Probable Sequence of Events in the Case of the Patient Under Consideration

The sequence of events in this man's case seems to have been:

1. An irritable area, possibly herpetic, on a sensitive mucous surface, covered by stratified epithelium, the only kind of epithelial surface on which leucoplakia occurs.

2. A constitution prone to catarrhal inflammations, and sensitized by leutic infection.

The etiology of leucoplakia seems to be by no means a simple affair. Probably the chief cause is syphilis, next comes tobacco smoke, and finally a chronic catarrhal and, therefore, irritable state of the mucous membranes, usually found in connection with chronic fermentative intoxications along the alimentary tract.

When leucoplakia is a manifestation of syphilis, it is not an early symptom of the disease, but a late one. It has been ranked with tabes and the other scleroses of the central nervous system as a parasyphilide. In accord with this etilogy, leucoplakia is a disease of middle or advanced life, for a man does not usually accumulate such treasures as tertiary syphilis, chronic tobacco traumatism, and advanced intestinal intoxication until middle life or old age.

As regards the future of this case, it, of course, is uncertain. The condition may return, as leucoplakia is notoriously refractory to treatment. Anything that may ameliorate it or may secure a cure is of the utmost importance, however, as the condition is now recognized as precancerous, especially its favorite situation upon the tongue. It indeed forms the most interesting connecting link between syphilis and cancer.

Mercury and iodide of potash are only of temporary benefit, and mercurialism is decidedly detrimental. In fact, mercury, especially when given by the mouth, seems, in many instances, to aggravate it. The best active therapy is salvarsan, which sometimes influences it, and X-rays and radium, which influence it to a much more decided extent. Of the two last, radium seems to be by far the more essentially effective, and is much more easily applied.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Chicago June 17, 1919. Finley Ellingwood, M. D., Chicago, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets

May, 1920. Ira Wheeler, M. D., Stockton, Cal., President; H. T. Cox, M. D., Los Angeles, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. A. Munk, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1919. Dr. Clinton Roath, Los Angeles, President! Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. H. V. Brown, Los Angeles, has a new Oakland sedan.

Dr. Harriet McGraw has opened an office at 835 South Olive street, Los Angeles. Dr. McGraw was formerly located in Lincoln, Nebraska.

Dr. Irving Woodin, Independence, California, was in Los Angeles last month, bringing patients to the Westlake Hospital.

Dr. J. F. Price, Barstow, has been a patient in the Westlake Hospital for several weeks, having undergone a serious kidney operation.

Dr. Wm. Soenneken, Los Angeles, is a patient at the Westlake Hospital.

Mrs. Bailey, wife of Dr. E. P. Bailey, Long Beach, has returned home, and is now convalescing from a serious operation which she had at the Westlake Hospital last month.

Dr. George H. A. Clowes, formerly director of the chemical department of the New York State Research Laboratory at Buffalo, has joined the scientific staff of the Lilly Laboratories at Indianapolis.

The 32nd Annual Convention of the American Association of Orificial Surgeons will be held September 15-16-17, at the Congress Hotel, Chicago. Forenoons will be given to operative demonstrations at the hospital. The program will be replete with practical addresses, essays, and papers by prominent Orificialists.

Married: Dr. Ada Scott Connor Morton, San Francisco, was married to Robert Frederick Lewis, in New York on May 1, 1919.

Wanted: A good Eclectic to take care of the practice of

Dr. W. P. Byron, Lemoore, California, for the months of July, August and September. For further information write to Dr. Byron, Lemoore, California.

Among the out-of-town members attending the annual meeting of the State Society were Drs. Ira Wheeler, Fresno, J. P. Martin, Stockton, D. A. Stevens, Holtville, E. C. Bond, Hanford, L. L. Keegan, San Diego, and L. E. Rauch of Long Beach. Beach.

Dr. D. A. Stevens, Holtville, had a bad accident recently when he drove his automobile into an open trench, breaking his nose and badly smashing his machine.

Dr. A. Goff, Healdsburg, has moved to Glendale, and will become assistant to Dr. T. C. Young of that place.

Four new members were elected to membership in the State Society at the annual meeting, they were Drs. H. T. Cooke, Harriet McGraw, Catherine Ohnemuller and J. S. Hayes, all of Los Angeles.

The new officers of the California State Eclectic Medical Association for the year 1919-1920, are, President, Ira A. Wheeler, Fresno; 1st Vice-President, J. P. Martin, Stockton; 2nd Vice-President, D. A. Stevens, Holtville; and Secretary-Treasurer, H. T. Cox, Los Angeles. The next meeting will be held in Fresno, May, 1920.

The meetings of the Los Angeles Eclectic Medical Society have been changed from the first Monday to the first Tuesday in the month. There will be no meetings during the summer, the next meeting being the first Tuesday in September.

Dr. H. V. Brown, Los Angeles, spent a week in San Francisco last month on business connected with the State Board of Medical Examiners. Dr. Brown has resigned from the Board, but no successor has been appointed.

"In a deferred report published in the U. SS. Bulletin for May 1, it is reported that Marshall A. Welbourn, Capt., M. C., U. S. Army, has been slightly wounded in action."—A. M. A. Jrl.

The University of California through its Alumni Association has established a "Bureau of Occupations" which is to be the medium through which the experienced as well as the recently graduated physician, chemist, intern or pharmacist may meet the institutions or individuals requiring their abilities. No fee is charged, since the bureau is considered to be a quasi-public committee to see that money paid by taxpayers of the State for the

higher training of young men and women, is not wasted, because of unemployment of the state-given training.

The doctor using Pasadyne (Daniel) need not have any fear that it will produce symptoms of an evil character, nor is its use followed by a habit, and yet it is potent in its desired effect. It produces restful and natural sleep, for which reason it is of distinct advantage in this class of cases. Pasadyne (Daniel) is a concentrated tincture of passiflora incarnata and nothing else. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

"Chemical Foods" and their uses have been briefly described in an interesting booklet issued by the Fellows Medical Manufacturing Co., Inc., New York; and copy of this booklet, together with samples of Fellows' Syrup, will be sent to any physician on request.

SLEEPLESSNESS—Peacock's Bromides bring about sleep in a natural manner, that is, by producing a physiologic cerebral anemia. This well-known preparation is safe as well as effective and the administration of two to four teaspoonfuls an hour or two before going to bed will produce a sound, restful sleep, from which a patient will awaken, refreshed, rested and entirely free from the depression and ill effects so common to other hypnotics. Peacock's Bromides do not disturb the stomach nor induce a habit.

INTESTINAL STASIS—This condition of chronic constipation accompanied by intestinal fermentation and other sequelæ can best be permanently relieved by assisting Nature to do her own work. Prunoils encourage and gently induce the intestinal canal to resume its normal action, and effect this object without causing pain or producing the after results which rarely fail to follow the use of the ordinary purgatives and laxatives.

ATONY OF THE BOWEL—Prunoids relieve intestinal stasis by stimulating the lethargic physiologic processes of the bowel. The results that follow are consequently more natural and prolonged, with gratifying absence of the disagreeable griping and depression that so often attend the use of laxatives and cathartics.

INDIGESTION—The more we study gastric disorders of functional origin, the more evident it becomes that the rational way of treatin gindigestion is to stimulate the secretory glands to do their own work. Send is a true gastric secernent, and by activating the glands of the stomach soon affords a relief from disagreeable symptoms that is far more pronounced and satisfactory than is possible from measures that only act as acids or substitutes.

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1918, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.00	1.80
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill	1.50	1.35
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

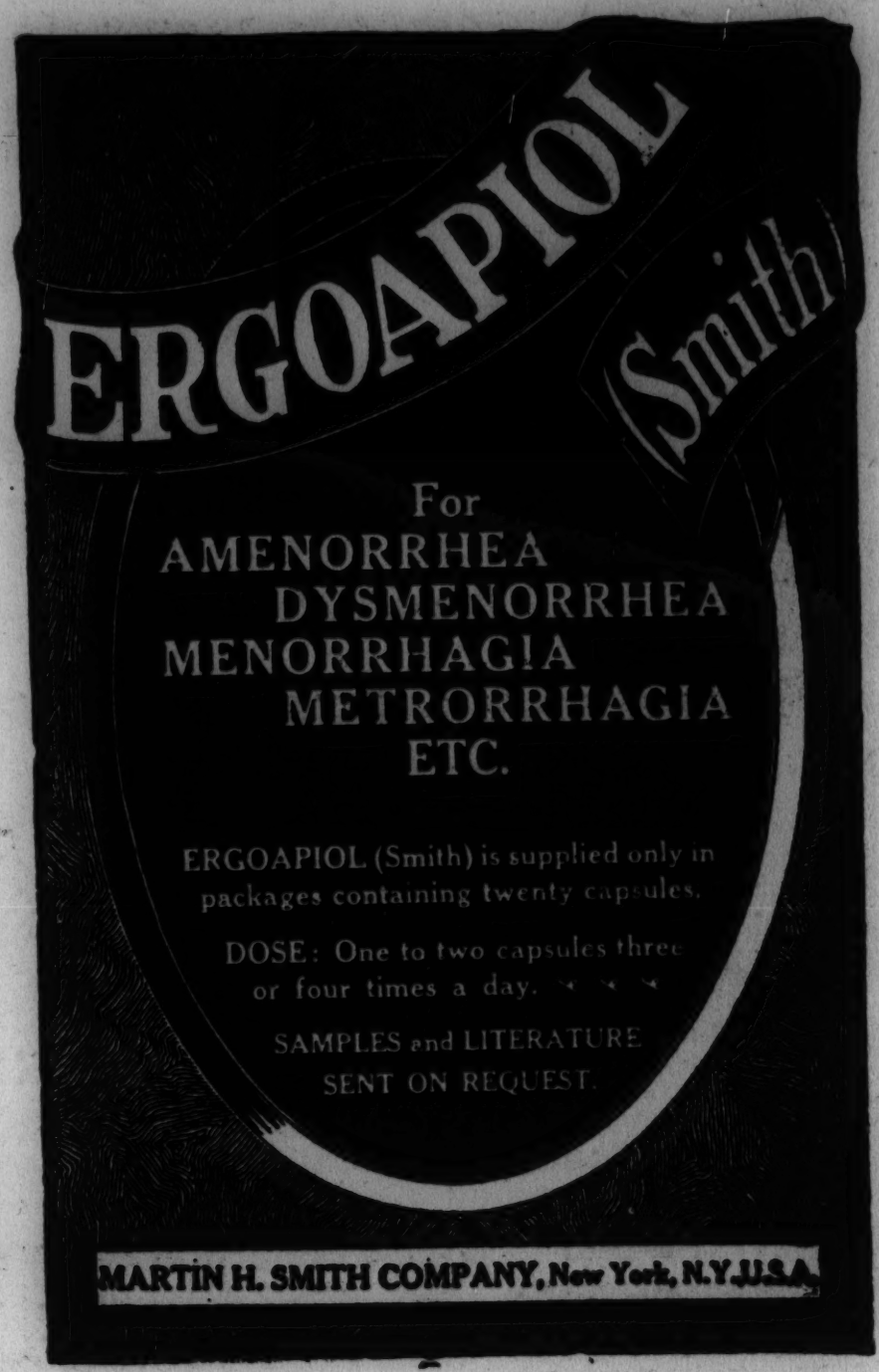

Table of Contents

INDEX TO ADVERTISERS

ake of Preceding Frame

Table of Contents

INDEX TO ADVERTISERS